

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
031896-4000 (AM100990)

In re Application of Margot Mary O'TOOLE, et al.

Application Number 10/686,619 Filed October 17, 2003

For COMPOSITIONS AND METHODS FOR DIAGNOSING AND  
TREATING AUTOIMMUNE DISEASE

Group Art Unit 1614 Confirmation No. 9490

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a  
reply in the above identified application.

The requested extension and appropriate entity fee are as follows  
(check time period desired):

- ☒ One month (37 CFR 1.17(a)(1)) - (\$55/\$110) \$110.00
- ☐ Two months (37 CFR 1.17(a)(2)) - (\$215/\$430) \$
- ☐ Three months (37 CFR 1.17(a)(3)) - (\$490/\$980) \$
- ☐ Four months (37 CFR 1.17(a)(4)) - (\$765/\$1530) \$
- ☐ Five months (37 CFR 1.17(a)(5)) - (\$1040/\$2080) \$

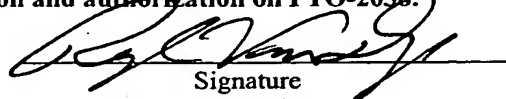
- ☐ Applicant claims small entity status.
- ☐ A check to cover the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this  
application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required,  
or credit any overpayment, to Deposit Account Number 19-2380 (031896-4000).  
I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ attorney or agent of record.
- ☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) 34,746.

**WARNING: Information on this form may become public. Credit card information should not be  
included on this form. Provide credit card information and authorization on PTO-2038.**

November 3, 2004  
Date

  
Signature  
Raymond Van Dyke  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple  
forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450